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ABSTRACT

The handbook outlines Arizona's Project SUPPORT (a System for Utilizing Peers in Program Organization, Review, and Technical Assistance), a cooperative effort to effectively meet the educational needs of exceptional children. Addressed to teachers and administrators working with handicapped students, the SUPPORT process is introduced: procedures are outlined for identification of peer consultants, and the role of the state department of education as facilitators of network activities is defined. Roles and responsibilities of SUPPORT peer consultants (providers of inservice or technical assistance in one-to-one settings, small or large groups, simulation activities, interviews, etc.) are specified for before, during, and after the SUPPORT visit. Suggestions are offered to peer consultants regarding the on-site visit, and procedures for expense reimbursement are addressed. The final narrative section depicts the projected timeline. Appended materials include sample consultant agreements, evaluation forms, and reimbursement forms. (CL)

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SUPPORT

A SYSTEM FOR UTILIZING PEERS IN PROGRAM ORGANIZATION REVIEW AND TECHNICAL ASSISTANCE

ED250883

Peer Consultant Handbook

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a cooperative effort to effectively meet the educational needs of exceptional children

EC 171120

Carolyn Warner, Superintendent
Dr. Jim Hartgraves, Deputy Superintendent

Arizona Department of Education
Special Education
October 1984

SUPPORT

Peer Consultant's

Handbook

Arizona Department of Education
1535 West Jefferson
Phoenix, Arizona 95007

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Dr. Jim Hartgraves — **Deputy Superintendents** — **Dr. Ray Ryan**

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TABLE OF CONTENTS

		Page
I.	OVERVIEW OF THE SUPPORT PROCESS	1
II.	ROLE OF THE PEER CONSULTANT	2
III.	ON-SITE VISIT	3
IV.	PROCEDURES FOR EXPENSE REIMBURSEMENTS	4
V.	SUPPORT PROPOSED TIMELINE	5

APPENDICES

A. SUPPORT Consultant Agreement

B. SUPPORT Expense Reimbursement Form

C. Arizona Department of Education EXPENSE LOG FORM

D. SUPPORT Evaluation Form A

ON-SITE VISIT Evaluation Form B

E. NOTES

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OVERVIEW OF SUPPORT PROCESS

Project SUPPORT - A System for Utilizing Peers in Program Organization, Review and Technical assistance - is a resource system developed by ADE Special Education Office to provide technical assistance to teachers and administrators when professional expertise is requestd to improve the education of handicapped children.

Selected SUPPORT peer consultants are identified through referrals by adminstators, teachers, ADE staff, and other peer consultants. However, in addition to the SUPPORT peer consultants selected as indicated, a district may request anyone they know who can meet their Special Education needs. The consultant's area of expertise is alphabetized, cross-referenced and filed in the SUPPORT office according to topics most frequently requested. Peer consultants may have backgrounds in regular education, special education, administration, psychology, related services areas, etc. In-service or technical assistance may be provided on a one-to-one basis or a panel of SUPPORT consultants may be requested to present to a group. Topics of discussion may include (but are not limited to) items such as: classroom management, behavior management, development of special education policies and procedures, parent/staff communications, development of IEPs, curriculum for specific areas of exceptionality, administration of special education programs, or development of new forms.

The ADE Special Education Office acts as a facilitator for a network of activities wherein: 1) LEA teachers, administrators and/or staff request assistance; 2) SUPPORT Coordinator contacts peer consultant(s) to confirm availability and complete assignment; 3) Consultant provides technical assistance to requestor either via telephone, correspondence, or on-site visit; 4) ADE reimburses the SUPPORT consultant for lodging, meals and travel (at state per diem allowance rate); 5) ADE reimburses the district for a substitute if hired to replace SUPPORT consultant during an on-site visit; 6) Requesting district is required to evaluate the assistance provided by consultant; and 7) Evaluation data on the quality of technical assistance provided by the PEER consultant is then used by the ADE Special Education Office for future reference.

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II. Role of the SUPPORT Peer Consultant

SUPPORT peer consultants are responsible for providing in-service training or technical assistance consultation. This may be accomplished on a one-to-one basis, through lectures to large or small groups, demonstration teaching, simulation, interviews, etc. A consultant may be asked to provide technical assistance as the only consultant on-site or may serve as a member of a team.

Responsiblities of SUPPORT peer consultants prior to the SUPPORT visit:

- Attend a one-day, one time only orientation/in-service training session sponsored by ADE Special Education office.
- Review in advance materials as related to the visit.
- Determine what objectives are to be accomplished during site visit.
- Inform the ADE Special Education Office immediately if unable to participate and offer suggestions for an alternate peer consultant, if possible.
- Submit requests for audiovisual equipment and material duplication at least two weeks in advance.
- Complete the SUPPORT Peer Consultant Agreement and return it to the ADE Special Education Section. If completed agreement cannot be returned within one week of site visit, consultant should notify the Special Education Section.

Responsibilities of SUPPORT Peer Consultant during the SUPPORT visit:

- First, you must contact the local administration of your arrival. Re-examine with local personnel the purpose and objectives expected to be accomplished. Clarification is important on the part of the district staff and the SUPPORT Consultant.
- Complete all assigned activities as scheduled.
- Leave the evaluation form with the district and encourage prompt return of it to the ADE Special Education office.

Responsibilities of SUPPORT Peer Consultant following the SUPPORT visit:

- Follow up by forwarding whatever materials the consultant committed to the district during the visit. SUPPORT will provide the necessary assistance to complete this task.
- Return the audiovisual equipment to the Department of Education immediately if checked out for on-site visit.
- Return all information necessary for expense reimbursement to the Special Education Section promptly. Failure to do so will delay receiving expense check.
- Maintain confidentiality of all information.

III. On-Site Visit

During the SUPPORT visit, you may be going to many different school buildings and providing technical assistance to a large number of people. In order to make this as pleasant an experience as possible, the following general protocol should be observed:

- Be prompt. If you are scheduled for consultant assistance at a certain time, it is important not to keep the person(s) waiting. If you find that you will be delayed, stop and call the school to inform them of the time you will arrive.

- Always check in at the principal's office at each school site. Introduce yourself as a SUPPORT peer consultant and tell them who you will be assisting.

- Provide the technical assistance at the least disruptive time.

- Check out of the building at the principal's office. Be sure to thank them and let them know where you are going next in case there are messages for you.

Evaluation

The evaluation of a district's special education program and/or staff is the entire responsibility of the local agency. Periodically a request for such an activity is received from a school district. An evaluation is NOT the purpose of a SUPPORT visit. As a consultant your major concern is to provide consultative support in requested areas. Care should be taken not to express judgments and comparisons while providing technical assistance. A SUPPORT Consultant should never assume the responsibility of conducting a program evaluation or the evaluation of teachers during a SUPPORT-sponsored visit.

Confidentiality of Student Records

Disclosure of personally identifiable information to Support Peer Consultants from the education records of a student is not permitted without the prior written consent of the parents of the student. If asked to review any student records, please do not do it without prior written parental consent.

IV. SUPPORT Procedures for Expense Reimbursement

Peer consultants assigned to SUPPORT visits will be reimbursed for mileage, food, and lodging. The Expense Reimbursement Form must be completed, signed by the SUPPORT consultant, and submitted to the ADE Special Education office before payment can occur. Motel receipts must be attached to the form.

If a substitute is required for a SUPPORT peer consultant, that SUPPORT peer consultant is responsible for obtaining the substitute, utilizing his/her district procedures, for the required number of days. The SUPPORT Project will reimburse either the district or the substitute at the rate paid by the district. All appropriate signatures and Social Security numbers, including those of the substitute, must be obtained on the Expense Reimbursement Form before payment can occur.

No receipts are needed for food expenses, and meals will be paid at the state rates. Odometer readings must be maintained on all mileage to be claimed as state business during the SUPPORT visit.

Motel reservations for the visit are made by the Special Education Section. SUPPORT peer consultants will pay for food, motel, and travel, and will receive reimbursement at state per diem rates for those expenses following the visit. Expenses are reimbursable as follows:

Mileage: 20.5 cents per mile when personal car is used.

Meals & Lodging: Subject to the limitations provided under TRAVEL STATUS, per diem subsistence allowance will be computed on the basis of increments of $10 for each one-fourth of a 24-hour period (but not less than six hours) beginning at the time the consultant goes into travel status away from his or her home and ending when the consultant returns. Reimbursement will be as follows:

Less than 6 hours	None
6-12 hours	$10.00
12-18 hours	20.00
18-24 hours	30.00
Full 24 hours - (no lodging receipt)	30.00
Full 24 hours - (with lodging receipt)	40.00 maximum

For consultants who are in travel status for less than a 24-hour period, including overnight lodging, reimbursement may be claimed in a amount less than $40.00 provided lodging receipts are furnished.

Substitute: At district pay scale.

The consultant will receive an Expense Reimbursement form for each site visit which must be completed, signed and sent to the Special Education Section. The top half of this form is to be completed by the SUPPORT peer consultant, and the bottom half by the substitute teacher, if one is required. Either the principal, supervisor, or special education director must sign this form. Verification by the district administrator of finance hastens the reimbursement process.

V. SUPPORT Proposed Timeline

SUPPORT ACTIVITY	Prior to Visit	On-Site Visit	Following Visit
1. The Department of Education is notified of the request for SUPPORT assistance.	4-6 weeks		
2. The Project Coordinator from the Special Education Section contacts the requesting district and clarifies the request.	4 weeks		
3. The ADE SUPPORT Coordinator selects and contacts the peer consultant for confirmation of participation.	4 weeks		
4. The ADE SUPPORT Coordinator provides the Project Secretary the required information.	4 weeks		
5. The Project Secretary contacts peer consultant(s) to arrange for lodging when necessary, audiovisual equipment, and any materials they want to have duplicated.	2-3 weeks		
6. The Project Secretary contacts the district to arrange the facilities and for audiovisual equipment needed by the consultant. If equipment is not available at the district, the secretary will make arrangements through the ADE or other sources.	2-3 weeks		
7. The SUPPORT peer consultant meets with the district contact person for special education and local administration.		Day 1	
8. The SUPPORT peer consultant(s) provide(s) the requested in-service or technical assistance.		Day 1 or (each day of visit depending upon request and consultant commitment)	
9. The evaluation form is sent or given by the Project Secretary to the receiving district.	1 week	same day	
10. The evaluation form is submitted to the SEA by the district. (mailing address is indicated on the form)			
11. The SUPPORT peer consultant submits all reimbursement forms to the Project Secretary.			
12. The Project Secretary collects all forms and prepares them for approval payroll, and mailing upon completion.			

APPENDIX A

APPENDIX B

APPENDIX C

APPENDIX D

APPENDIX E

Return to:
Project SUPPORT
Arizona Department of Education
1535 West Jefferson
Phoenix, AZ 85007

Project SUPPORT
ADE Special Education Section
Peer Consultant Assistance Request

Date: _____ ADE Regional Consultant: _____

Agency: _____ Address: _____

Requestor: _____ Phone: _____

Special Education Contact Person _____ Phone _____

Site of visit: _____

Building Administrator _____

Address _____ H.S. Jr. High Elementary

Directions to site:

Desired Outcomes of Support Visit:

Recipients of visit:

☐ Individual: Name _____

☐ Group: level _____ number _____ time _____

Additional Information: (Clarification of needs; administrative support; receptiveness of participants; ideas on best method for inservice delivery; materials needed; etc.)

COMPLETE REVERSE SIDE

Subject Areas

0100 Legislation
___ Specific: _____
___

0200 Child Find, Screen, Informal
___ Specific: _____
___

0300 Comprehensive Evaluation
___ Specific: _____
___

0400 MDC, IEP, Placement
___ Specific: _____
___

0500 Instructional Skill
___ Specific: _____
___

0600 Parents of Children
___ Specific: _____
___

0700 Interpersonal Skills
___ Specific: _____
___

0800 Admin./Program Management
___ Specific: _____
___

0900 Inservice Skills
___ Specific: _____
___

1000 Vocational Education
___ Specific: _____
___

1100 Rural
___ Specific: _____
___

1200 Preschool
___ Specific: _____
___

1300 Discipline
___ Specific: _____
___

1400 Bilingual
___ Specific: _____
___

1500
___ Specific Program Area
___

_____
_____
_____
_____

SUPPORT Peer Consultant's Agreement

As a participant in the SUPPORT Project, I will be acting on behalf of the Arizona Department of Education, Special Education, when providing technical assistance to districts. I agree to assume the following responsibilities:

1. To maintain in strict confidentiality the information relevant to pupils placed in special education programs, if personally identifiable information is released to me. (Personally identifiable information shall not be released to SUPPORT Peer Consultants without prior written parental permission.)

2. To maintain the highest level of personal integrity in reviewing records, interviewing staff and parents, and in making recommendations for programs as requested.

3. To complete the assigned tasks efficiently within the designated time frame.

4. To serve cooperatively as a SUPPORT peer consultant and assist in communicating that information in a clear and succinct manner.

I, _____, have been released from agency or district responsibilities in order to serve as a member of the SUPPORT Project scheduled to visit _____ District(s) on _____ 198__.

_____
Signature - SUPPORT Consultant Date

_____
Signature - Supervisor Date

_____
Agency or District

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Return to:
Project SUPPORT
Department of Education
Special Education Section
1535 West Jefferson
Phoenix, AZ 85007

SUPPORT
EXPENSE REIMBURSEMENT
FORM

Peer Consultant: SSN: _____

Name _____ Title _____

Address _____ City _____ Zip _____

District Receiving Assistance _____ Date(s) _____

Total Number of Days Claimed _____ Total Number of Nights _____

Total Miles Claimed _____

Signature of Peer Consultant _____

Substitute Teacher (If Required) SSN: _____

Name _____

Address _____ City _____ Zip _____

Date(s) of Service _____

District Substitute Teacher Rate per Day _____ Total Amount to be Paid _____

Please Check One:
( ) Payment to Substitute
( ) Payment to District

_____
School Principal

_____
District Administrator of Finance

_____
Name of District

Signature of Substitute Teacher _____

State Use Only:
Reimbursement for Mileage _____

Reimbursement for Meals and Lodging _____

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Return to:
Project SUPPORT
Department of Education
Special Education Section
1535 West Jefferson
Phoenix, AZ 85007

Form A

SUPPORT Consultant

EVALUATION

District _____ School _____ City _____

Date(s) of Services _____ Consultant _____

Briefly state the objective(s) to be accomplished:

1.

2.

3.

4.

Did the activities presented address the stated objectives?	___ Yes	___ No
Were the objective(s) fully achieved?	___ Yes	___ No
Was the presentation well prepared?	___ Yes	___ No
Would you recommend the consultant to another school with similar needs?	___ Yes	___ No

Please rate overall SUPPORT Consultant services (1 - poor, 5 - excellent) ____

List STRENGTHS of the SUPPORT visit:

List areas for IMPROVEMENTS:

Additional Comments:

Thank you for completing this evaluation form. Your participation in this component of Project SUPPORT helps us in providing better technical assistance as well as personal growth for the consultant.

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Return to:
Project SUPPORT
Department of Education
Special Education Section
1535 West Jefferson
Phoenix, AZ 85007

Form B

ON-SITE VISIT
DISTRICT SUPPORT CONSULTANT
EVALUATION

District _____ School _____ City _____

Date(s) of Visit _____ Observer _____

Prior to observation activity observer should discuss with teacher and/or administrator to determine what will take place in the setting. A copy of materials, if available, would be helpful to observer. A discussion after observation will enable both parties to clarify any concerns or answer questions that might have surfaced during the visit.

Briefly state the objective(s) to be accomplished:

1.

2.

3.

4.

Did the activities presented address the stated objectives?	___ Yes	___ No
Were the objective(s) fully achieved?	___ Yes	___ No
Was the presentation well prepared?	___ Yes	___ No
Would you recommend the person be observed by another school or educator with similar needs?	___ Yes	___ No

Please rate overall SUPPORT visit. (1 - poor, 5 - excellent) ____

List STRENGTHS of the SUPPORT visit:

Additional Comments:

Thank you for completing this evaluation form. Your participation in this component of Project SUPPORT helps us in providing better technical assistance as well as personal growth for the consultant.

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